
Functional Requirements for the NHIN

NCVHS Testimony

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 **SureScripts**
The prescription for better healthcare™

SureScripts was formed to improve the prescribing process in ways that serve the collective interests of patients, physicians and pharmacists

- ◆ Incorporated in August 2001
- ◆ Formed by the two associations that represent the 55,000 pharmacies in the US:
 - NCPA (independents)
 - NACDS (large chains)
- ◆ Pharmacy membership organization
 - Operating capital driven solely by membership dues
 - Works closely with community pharmacy on the electronic prescribing process
- ◆ Organized to support a strategic industry alliance to:
 - Improve the overall prescribing process:
 - Safety
 - Efficiency
 - Quality of Care
 - Enable true electronic connectivity between physicians and pharmacies



Over 90% of the nation's pharmacies have completed the certification process required to connect to the SureScripts Electronic Prescribing Network

SureScripts does not develop, sell, or endorse electronic prescribing software, but works with existing technology vendors to certify and connect their solutions to the network



What the Physician Needs:

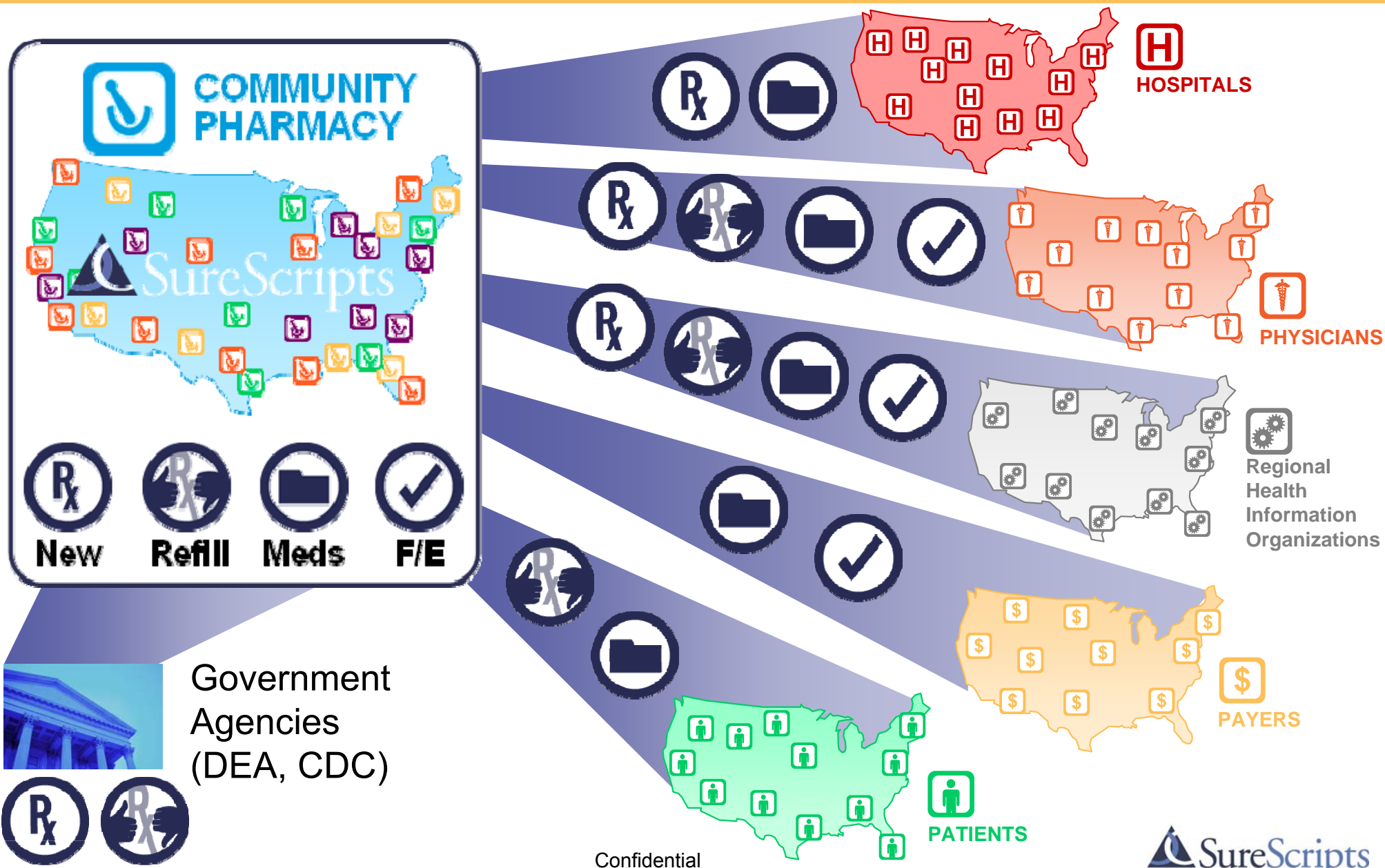
1. Electronic Prescribing Software that has been certified by *SureScripts*
2. An Internet connection

SureScripts provides the behind-the-scenes network that makes the two-way electronic exchange of medication information possible

What the Pharmacy Needs:

1. Pharmacy management software has been certified by *SureScripts*

The SureScripts Electronic Prescribing Network has evolved from electronic prescription routing to the distribution of information to support the prescribing process at the various points of care

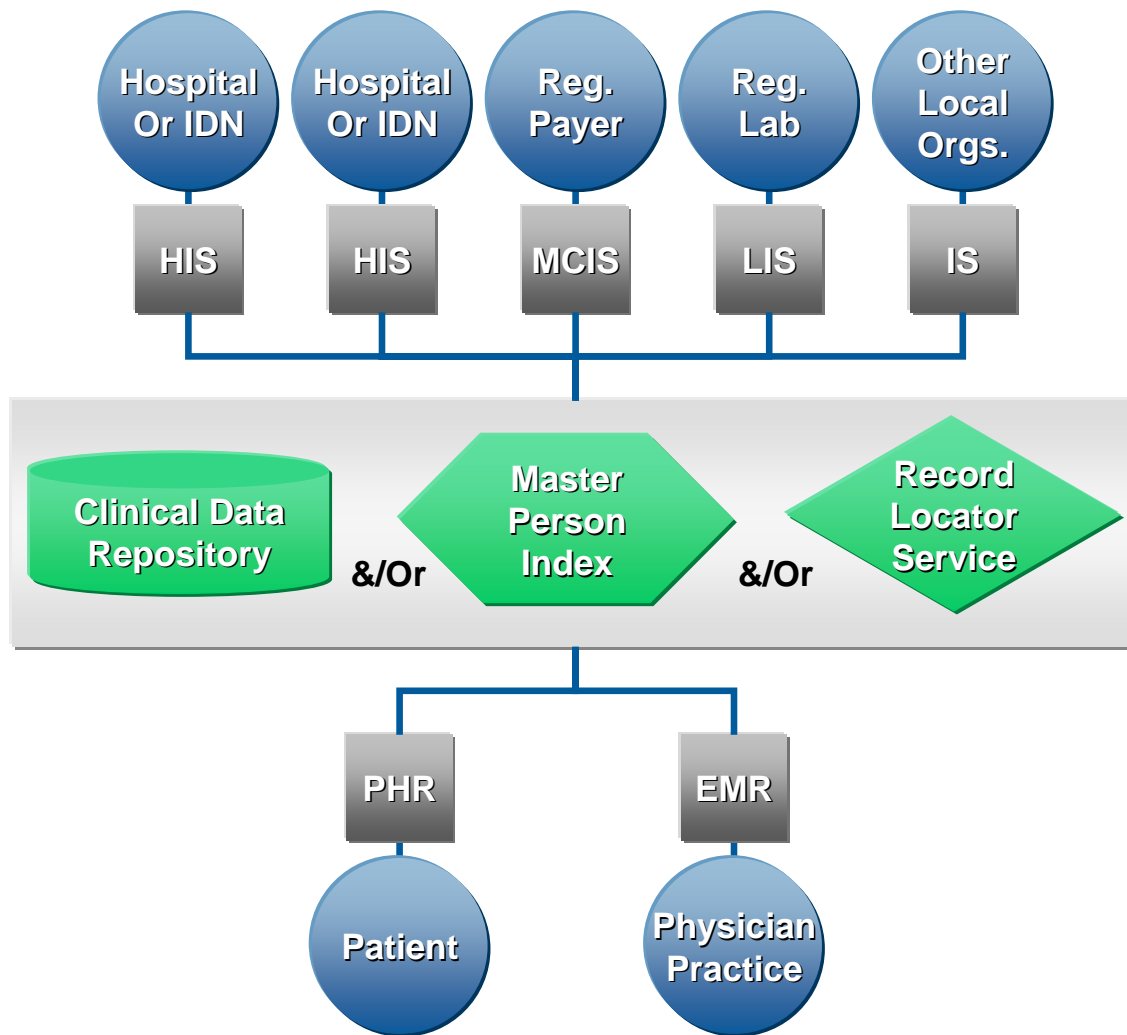


Confidential

A number of services are necessary to support the secure and reliable transmission of information across the SureScripts Electronic Prescribing Network (Edge system requirements)

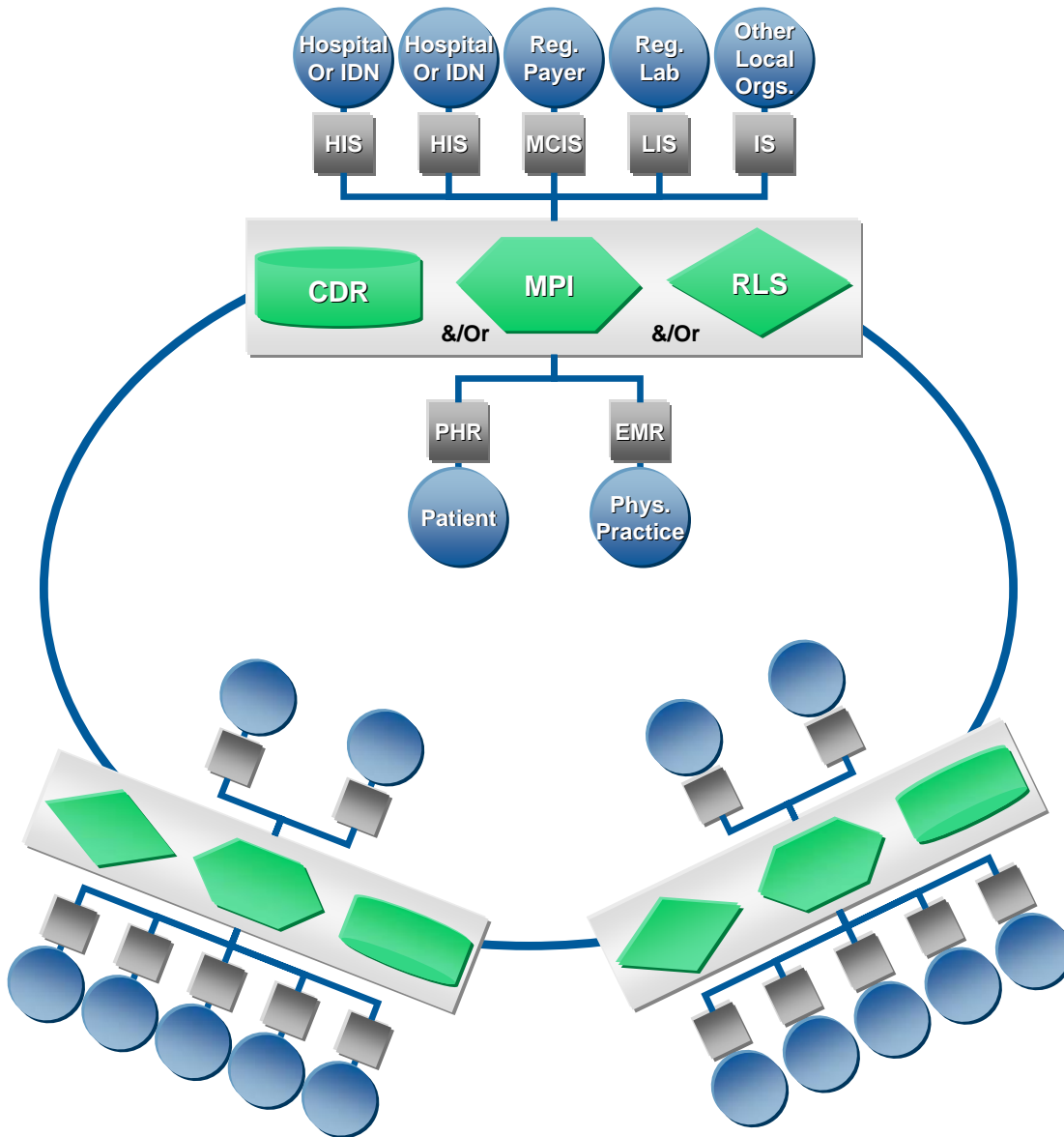
- ◆ Auditing and logging of all transactions processed
- ◆ Registration of prescribers and pharmacies
- ◆ Certification of physician and pharmacy systems
- ◆ Authentication of systems connected to the network
- ◆ Development and execution of security and privacy policies / procedures
- ◆ Data mapping/translation
 - Between versions of a standard
 - Between standards
- ◆ Data quality/data integrity (relative to the appropriate standards requirements)
- ◆ Hybrid approach to data management
- ◆ Data routing and transmission
- ◆ Identity/information correlation
 - MPI and record location
- ◆ Network / transaction support tools
 - Administrative console
- ◆ Administrative services
 - Billing and reporting
- ◆ Business continuity services
 - Fax back up
 - Disaster recovery

Regional Health Information Organizations, Health Information Exchanges, and other similar efforts are building networks and services connecting communities of all sizes



- ◆ Centralized, de-centralized and hybrid approaches should be supported
- ◆ A variety of technical architectures are already in place
- ◆ Employing one or more tools such as:
 - Clinical data repository
 - Master person index
 - Record locator service
- ◆ Physician practice EMRs and patient PHRs will need standards to connect into these networks and exchange information

Regional Health Information Organizations and/or Health Information Exchanges will need to share information for a variety of purposes while retaining their own technical and operational structures

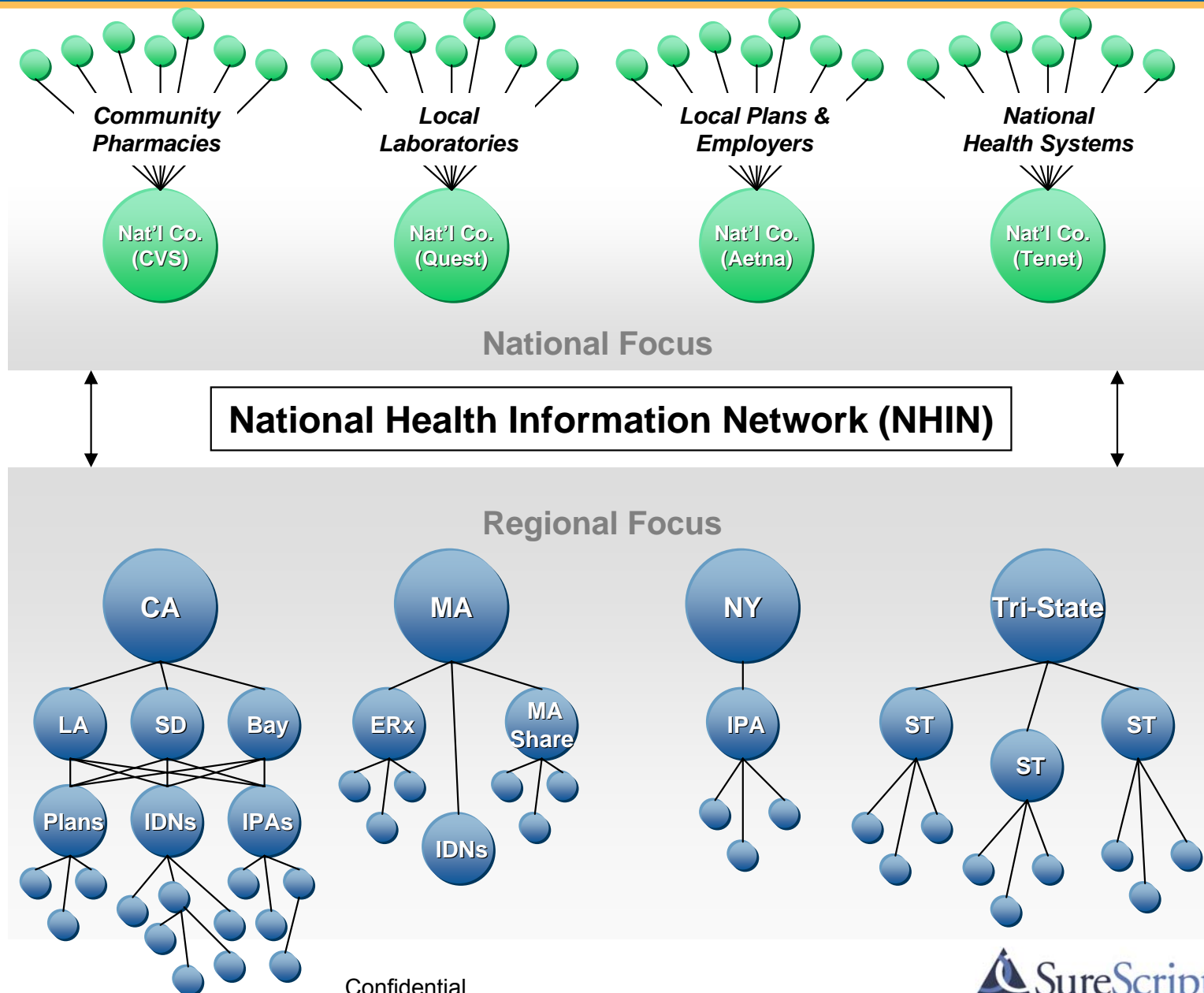


- ◆ Within a region, local networks can be linked to establish connectivity among communities
 - Linking rural and urban
 - Linking primary and tertiary care
 - Linking regional and local organizations
- ◆ This model may also emerge as supporting more inter-regional and national objectives
 - Bio-surveillance
 - Population health initiatives
 - State prescription drug monitoring
 - Regional or national health travel

National organizations and process networks will need to coexist with regional exchanges in order to effectively transmit and exchange clinical information

NHIN Functions

- Data routing & transmission
- Certification of edge systems
- Registration & authentication of edge systems
- Record location
- Data quality and integrity
- Auditing and logging



Many standards exist that facilitate efficient movement of clinical information between systems in a number of existing environments. Several of these standards need to be modified to be interoperable and in order to support new requirements.

- ◆ NCDPD SCRIPT v8.1 medication history messages are coming into wide spread usage in support of requests for patient specific medication lists by physicians
 - These message standards should be promoted within regional networks and the NHIN
 - The SCRIPT standard will need to evolve in order to support patient initiated requests for medication updates within a personal health record
- ◆ Authentication at the end user and patient level will need to evolve to a set of standards so that there are consistent requirements across systems, networks, and geographies (states)
- ◆ Clarity with regard to the use of HL7 CDA and/or the CCR standard needs to be finalized and consideration of potential message types in these areas should be considered